2001 UNIFORM BUSI	NESS REPOF	RT (UBR)				0028774
DOCUMENT # L83976  1. Entity Name BERN BRITE ELECTRIC CORP.			FILEU WISION OF CORP OI NOV 20		774 AV	
BENIA BRITE ELECTRIC CORF.				OLNOW OF CORP	ORATIONS	
Principal Place of Business 6545 NW 11 ST	Mailing Address 6545 NW 11 ST			OI NOV 20 PM	2: 37	
MARGATE FL 33063 US	MARGATE FL 33063 US			) 1889   1889   1898   1898   1899   1899   1899   1899   1899   1899   1899   1899   1899   1899   1899   189	ı anın filâni dilkin bibli dilkin d	
2. Principal Place of Business 6545 VW 11 ST 6545 VW 11		57	-			
Suite, Apt. #, etc. Suite, Apt. #, etc.				MCTA PONOT WHITE	IN THIS SPACE	<b>)</b> /
City & State  MARGATE 71  City & State  MARGATE  MARGATE  MARGATE  City & State				El Number 65-0205825	A	oplied For of Applicable
Zip Country 33 0 63 4.5 A	133663	Country) U. S.A.	5. (	Certificate of Status Desired	S8.75 Add Fee Require	ditional
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Refuel C Rown						
BROWN, BERNELL G.   Street Address (P.O. Box Number is Not Acceptable)						
MARGATE FL 33063 800004706878 0 0 6545 NW 11 ST						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						563
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE!S \$550.00  After September 12, 2001 Fee will be \$750.00  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees						
11. OFFICERS AND D		12.		DITIONS/CHANGES TO OFFIC		
TITLE P NAME BROWN, BERNELL G. STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063	☐ Delste ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	، عم	MWILST MATU 9/3		notitibby U
TITLE Benen Boo	7	TITLE NAME STREET ADDRESS	20th	- 105 (15)	☐ Change	Addition
CHY-SI-2IP WYAT 4 7 33303 CHY-SI-2IP BIRT 977 7 33303				3063 □ Change	☐ Addition	
NAME BOTH BOOWN  STREET ADDRESS  CITY-ST-ZIP  TO A TO		NAME A	545	SUNH ST	33063	Auditori
MAME BURNEN BOO	☐ Delete	TITLE NAME		en four	Change	Addition
CITY-SI-ZIP MARTINE 7	73-663	STREET ADDRESS  CITY-ST-ZIP	345 mAT	JATE STI	33063	2019
TITLE  NAME  STREET ADDRESS  65 45 NAV 11 ST  CITY-ST-ZIP  MATYATL 71 33663		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 30 TV	NEN BOUND	☐ Change	Addition -
NAME BOWLEN BYOW	Delete Delete	TITLE NAME	Je i	n Brown	☐ Change	Addition
STREET ADDRESS BS45 NW NST CITY-ST-ZIP MATGATE 71	33063	STREET ADDRESS C	545 narg	- NOV 11 ST	7643	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OFFICER OR DIRECTOR Date Date Dayling Phone #						

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